

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-AUG-2015		TIME 01:33:00		2. ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE CHICAGO, IL 60608		3. LOCATION CODE 277		4. BEAT/OCCUR 1234								
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161		8. LAST NAME REYES		7. FIRST NAME MONICA		8. STAR NO. 19210		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 504		12. HT. 125	
	14. DATE OF APPT. 25-OCT-2004		15. EMPLOYEE NO. 014		16. UNIT & BEAT OF ASSIGNMENT 1000A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME CABELLO		21. FIRST NAME JOSE		22. M.I. O		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. WWH		26. HT. WWH		27. WT WWH	
	28. ADDRESS WWH		29. TELEPHONE NO. WWH		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION <input type="checkbox"/> DNA	33. WHERE WAS MEDICAL TREATMENT OBTAINED? ER STAFF		34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED PLEASE SEE NEXT PAGE		37. CB NO. 19178246		38. IR NO. 19178246		39. DNA <input type="checkbox"/> DNA			
	38. REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION													
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
	45. MAKE/MANUFACTURER SIG SAUER/COLT SAUER -GE- (BEHORDEN)		46. MODEL P229		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM									
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) AAU00742		51. CHICAGO GUN REG. NO. 634203		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.							
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 5							
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) OTHER DEPARTMENT MEMBER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO											
	67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) PARKED VEHICLE		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) REYES, MONICA		STAR/EMPLOYEE NO. 19210		SIGNATURE REYES, MONICA									
	74. REVIEWING SUPERVISOR (Print Name) MEALER, MICHAEL J		STAR NO. 95		SIGNATURE MEALER, MICHAEL J		DATE REVIEWED 29-AUG-2015 12:03:08		TIME 29-AUG-2015 12:03:08							

LOG # 1076922
Attachment # 14

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After a review of the facts that are known at this time it is the preliminary determination of the undersigned that Officer Reyes discharged her weapon within the department's use of force guidelines. Commander Valadez and Officer Monica Reyes were on patrol in the area of 23rd and Wood when they observed the occupants of the offender's vehicle fire into a vehicle occupied by four subjects. Commander Valadez gave chase to the offender's vehicle which crashed into several parked cars in the 1600 block of West 19th Street. The offender continued his effort to make his good escape, and refused all verbal commands to stop his vehicle, and purposely struck the vehicle occupied by Commander Valadez and Officer Reyes with Commander Valadez suffering an injury to his left shoulder. Commander Valadez and Officer Reyes exited their vehicle and ordered the occupants of the offender's vehicle to exit their vehicle. The armed offenders disregarded verbal commands and put the vehicle into drive and continued their efforts to escape. The driver of the vehicle then started to open his driver side deep tinted window, at which time Commander Valadez fired three rounds at the offender, and Officer Reyes fired five rounds at the subject. The offender suffered a fatal gunshot wound and his vehicle crashed in the 1600 block of W. 19th Street.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076922 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED

TIME

29-AUG-2015 12:08:29

79. TOTAL TRP's THIS EVENT No.

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